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All Smiles
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**An Extra Element of
Protection for Your
Peace of Mind
Before your Surgery**

ANTIBIOTIC PROPHYLAXIS FOR DENTAL AND MEDICAL TREATMENT OF PATIENTS WITH PROSTHETIC JOINTS

Background:

Infection can cause significant complications for persons with prosthetic joints. These complications include loosening and/or failure of the prosthesis and other significant morbidity and/or mortality. Traditionally, prophylactic antibiotics have been prescribed by many Orthopedic surgeons to minimize the risk of bacteremia in patients with prosthetic joints who undergo invasive dental or medical procedures (GI or GU). It is of utmost importance that all patients maintain appropriate oral hygiene.

Physician Statement:

Recently the AAOS (American Academy of Orthopedic Surgeons) and the ADA (American Dental Association) reviewed medical evidence concerning dental prophylaxis in joint replacement patients. Berks County surgeons and dentists interpret these guidelines to recommend: Given the potential adverse outcomes and cost of treating an infected joint replacement, antibiotic prophylaxis should be used for 2 years following total joint replacement prior to all dental procedures. Lifetime prophylaxis should be considered for patients with a depressed immune system and for invasive dental or medical procedures that may cause bacteremia.

Invasive Dental Procedures:

Those procedures known to induce gingival or mucosal bleeding, including: dental extraction, periodontal procedures (does not include prophylaxis in a generally healthy mouth), implant placement, and root canal.

Immune System Depression includes: Patients on Cancer treatment drugs, Insulin dependent Diabetics, patients on chronic steroids, patients with Rheumatoid arthritis, patients with Lupus, and patients with a previous joint infection.

COLLABORATIVE TREATMENT PRIOR TO AND AFTER JOINT REPLACEMENT

Background:

Infection of a newly positioned joint prosthesis can be a devastating complication resulting in morbidity, pain, loss of function, and possibly total failure requiring surgical revision and long-term antibiotic therapy. Early infections (defined as those occurring within 3 months after implantation surgery) are believed to result from the introduction of an infectious agent at the time of surgery.

Orthopedic infections resulting from bacteremia of oral origin are considered rare, yet prudent precautions would seem to dictate that efforts spent preventing prosthetic joint infection is likely preferable to treating an established infected joint.

Collaborative treatment prior to and after joint replacement:

The mutual responsibility of the dentist and orthopedic surgeon is to reduce the incidence of bacteremia related to total joint sepsis through collaboration regarding both the treatment of any existing oral infection prior to joint surgery and the use of appropriate antibiotic prophylaxis after placement of a joint prosthesis. One of the few absolute contraindications to total joint arthroplasties is a pre-existing focus of infection. Patient dental history is unreliable; therefore preoperative collaboration should take the form of a dental evaluation prior to total joint replacement. Upon the request of the physician, the dentist should document the patient's oral health, including any potential problems, and consult with the orthopedic surgeon via the attached form before joint replacement surgery is scheduled.

Except for cases of trauma, joint replacement surgery is generally an elective procedure and can usually be delayed until the patient has consulted with a dentist and completed the treatment required to establish an oral cavity free of pathogenic infection.

Procedure:

At least 12 weeks prior to scheduling any joint replacement surgery the orthopedic surgeon should send the attached dental form to the patient or the patient's dentist. All obvious areas of infectious/inflammatory periodontal disease, symptomatic apical radiolucency and/or teeth with a fistula track are to be resolved or extracted. It is not necessary to have a oral condition free of all dental problems such as tooth decay, only areas of significant infection that may increase the risk of prosthetic infection.

A dentist can submit a report on a patient of record without doing an exam if their last visit was within 6 months and they were free of disease at that time. Occasionally extensive preoperative dental procedures are required for patients who have neglected routine dental care, therefore a request for a dental evaluation before orthopedic surgery should occur 12 weeks prior to planned surgery to give time to complete treatment if needed. Dental report is valid for a period of 6 months after given.

Total Joint Replacement Dental Evaluation Request

Dear Doctor Mentesana,

Patient _____ DOB _____,

is scheduled for _____ replacement surgery on _____

Please assist us by providing preoperative dental evaluation for the planned surgery. Should your evaluation require further work-up or produce findings that may delay this elective surgery, please contact us as soon as possible.

Dental concerns including obvious areas of infectious/inflammatory periodontal disease; symptomatic apical radiolucencies and/or teeth with a fistula track are to be resolved or extracted. Resolving infectious dental disease does not guarantee the patient is free of all dental problems, only areas of infection that could relate to orthopedic surgery complications.

o Patient of record had recare visit on _____ and at that time was free of infectious/inflammatory periodontal disease and symptomatic apical pathology therefore no further dental care is recommended prior to orthopedic surgery. Low risk for existing dental condition to effect prosthetic surgical morbidity.

o Based on my clinical exam dated _____ patient is free of infectious/inflammatory periodontal disease and symptomatic apical pathology therefore no further dental care is necessary prior to orthopedic surgery. Low risk for existing dental condition to effect prosthetic surgical morbidity.

o Although patient appears free of oral infection there exist dormant oral conditions that may harbor bacteria, therefore conditional clearance is given with the recommendation patient receives appropriate precautionary antibiotic coverage. Medium risk.

o Dental clearance is not given. I have either not seen patient or my exam findings indicate infection that could pose a risk for orthopedic surgery. High risk.

Dentist signature _____
Date _____

Dentist Name Catherine S. Mentesana, DDS

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